



STATE OF WASHINGTON
DEPARTMENT OF SOCIAL AND HEALTH SERVICES
DIVISION OF CHILD SUPPORT (DCS)

**STATEMENT OF RESOURCES
AND EXPENSES**

(Please print all responses)

CASE NAME

AP NAME

IV-D CASE #

1. MY FULL NAME IS				2. BIRTHDATE		3. SOCIAL SECURITY #		4. TELEPHONE #	
5. MY HOME ADDRESS IS						6. PRESENT MARTIAL STATUS <input type="checkbox"/> MARRIED <input type="checkbox"/> SINGLE <input type="checkbox"/> SEPARATED			
7. CITY		STATE		ZIP CODE		8. SPOUSE'S NAME			
9. PLACE OF MARRIAGE					10. DATE OF MARRIAGE		11. NUMBER OF CHILDREN LIVING IN MY HOME		

II. EMPLOYMENT DATA

1. OCCUPATION			2. I AM PRESENTLY <input type="checkbox"/> EMPLOYED <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SELF-EMPLOYED								
3. EMPLOYER'S NAME			4. EMPLOYER'S ADDRESS			CITY		STATE		ZIP CODE	
5. UNION'S NAME			6. UNION'S ADDRESS			CITY		STATE		ZIP CODE	

A. MEDICAL/DENTAL INSURANCE FOR DEPENDENTS

1. MEDICAL <input type="checkbox"/> YES <input type="checkbox"/> NO		2. NAME AND ADDRESS OF INSURANCE COMPANY	
3. DENTAL <input type="checkbox"/> YES <input type="checkbox"/> NO		4. NAME AND ADDRESS OF INSURANCE COMPANY	

B. SELF-EMPLOYED

1. BUSINESS NAME		2. BUSINESS ADDRESS		CITY		STATE		ZIP CODE	
3. TYPE OF BUSINESS <input type="checkbox"/> CORPORATION <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> SOLE OWNERSHIP						4. BUSINESS TAX IDENTIFICATION NUMBER			
5. MY BUSINESS BANK ACCOUNTS LOCATED AT									

III. INCOME AND ASSETS DATA CONTINUED

D. PERSONAL BANK ACCOUNTS

1. TYPE ACCOUNT	2. BANK NAME AND LOCATION	3. ACCOUNT NO.	4. BALANCE AT END OF LAST MONTH
CHECKING			
SAVINGS			
CREDIT UNION			
OTHER			

E. STOCKS AND BONDS

1. DESCRIPTION	2. NO. SHARES	3. PAR VALUE

F. REAL ESTATE

I OWN OR AM PURCHASING THE FOLLOWING REAL ESTATE (INCLUDING MY HOME):

1. ADDRESS OR LEGAL DESCRIPTION	2. YEAR ACQUIRED	3. SECURITIES HELD BY

G. PERSONAL PROPERTY

I OWN OR AM PURCHASING THE FOLLOWING PERSONAL PROPERTY:

1. TYPE PROPERTY	2. MAKE	3. YEAR	4. LICENSE NUMBER AND DESCRIPTION	5. CONTRACT HELD BY	6. AMOUNT OWED
AUTO					
AUTO					
BOAT/MOTOR					
BOAT TRAILER					
MOBILE HOME					
CAMPER					
OTHER					
OTHER					
OTHER					
OTHER					
OTHER					
OTHER					

IV. MONTHLY EXPENSES DATA	
A. HOUSING:	
1. RENT OR HOUSE PAYMENT	
2. TAXES & INSURANCE (If not covered in above payment)	
TOTAL MONTHLY HOUSING (Add lines 1 & 2)	
B. UTILITIES	
1. HEAT (Gas and oil)	
2. ELECTRICITY	
3. WATER, SEWAGE, & GARBAGE	
4. TELEPHONE	
5. OTHER (SPECIFY):	
TOTAL MONTHLY UTILITIES (Add lines 1 - 5)	
C. FOOD	
1. FOOD FOR _____ PERSONS	
2. MEALS EATEN OUTSIDE MY HOME	
3. OTHER (SPECIFY):	
TOTAL MONTHLY FOOD (Add lines 1 - 3)	
D. CHILD CARE	
1. DAY CARE/BABYSITTING FOR _____ CHILDREN	
2. CLOTHING	
3. SCHOOL TUITION FOR _____ CHILDREN	
4. CHILD SUPPORT PAYMENTS MADE FOR CHILDREN NOT LIVING WITH YOU	
5. OTHER CHILD RELATED EXPENSES (List):	
TOTAL MONTHLY CHILD CARE (Add lines 1 - 5)	
E. TRANSPORTATION	
1. VEHICLE PAYMENT OR LEASE	
2. INSURANCE	
3. LICENSE	
4. FUEL & ROUTINE MAINTENANCE	
5. PARKING	
6. OTHER (Specify):	
TOTAL MONTHLY TRANSPORTATION (Add lines 1 - 6)	
F. CLOTHING	
1. WORK CLOTHING	
2. OTHER CLOTHING	
TOTAL MONTHLY CLOTHING (Add lines 1 - 2)	

MONTHLY EXPENSES DATA CONTINUED		
G. HEALTH CARE		
1. MEDICAL AND DENTAL INSURANCE PREMIUMS		
2. UNINSURED DENTAL, ORTHODONTIC, MEDICAL, & EYE CARE		
3. OTHER UNINSURED HEALTH CARE EXPENSES (List):		
TOTAL MONTHLY HEALTH CARE (Add lines 1 - 3)		
H. PERSONAL		
1. HAIR CARE/PERSONAL CARE		
2. EDUCATION		
3. BOOKS, NEWSPAPERS, & MAGAZINES		
4. OTHER (List):		
TOTAL MONTHLY PERSONAL (Add lines 1 - 4)		
I. OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS		
1. PAID TO	2. DEBT BALANCE	3. MONTHLY PAYMENT
TOTAL OTHER RECURRING MONTHLY EXPENSES AND PAYMENTS (Add the 13 lines above)		
J. TOTAL MONTHLY EXPENSES (Add all TOTAL lines in the Monthly Expenses Data sections A - I)		
<p>I declare, under penalty of perjury under the laws of Washington State, that the information I provided on this form is true, correct, and complete to the best of my knowledge. I understand that Washington State may prosecute me for fraud for any intentional false statement or misrepresentation. I understand that my statements are subject to verification by the Department of Social and Health Services.</p>		
SIGNATURE		DATE